



## Enrolment Agreement Form

### Child's details:

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:  
(please separate names with a comma):

**Name your child is known by / preferred name:**

Surname / family name:

Given name:

Copy of official identity verification document\* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

Child's date of birth:    d d   /   m m   /   y y y y

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's primary residential address:

Post Code:

### Enrolment Details:

Date of Enrolment: \_\_\_ / \_\_\_ / \_\_\_    Date of Entry: \_\_\_ / \_\_\_ / \_\_\_    Date of Exit: \_\_\_ / \_\_\_ / \_\_\_

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Times Enrolled:						

**For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours, Maximum 6 hours a day and 20 hours a week**

20 Hours ECE at this service

20 Hours ECE at another service


Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_



<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address (if different from child):	Address (if different from child):
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

<b>Additional Emergency Contacts (also able to pick up child):</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

<b>Custodial Statement</b>		
Are there any custodial arrangements concerning your child?	Yes	No
If <b>YES</b> , please produce an original copy of any custodial arrangements or court orders for The Blue Cottage to copy and keep on file.		
<b>Person/s who <u>cannot</u> pick up your child:</b>		
Name:	Name:	
Name:	Name:	



Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Does your child have any illness/allergies? If the answer is yes, please specify.	
Is your child up-to-date with immunisations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide verification of all immunisations and remember to keep us up to date.	
Immunisation records sighted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details.	

Medicine	
Category (i) Medicines	
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by The Blue Cottage and kept in the first aid cabinet.	
Do you approve category (i) medicines to be used on your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please cross out any category (i) medicines that cannot be used on your child	
<ul style="list-style-type: none"> <li>▪ Arnica Cream</li> </ul>	<ul style="list-style-type: none"> <li>▪ Calamine Lotion</li> </ul>
<ul style="list-style-type: none"> <li>▪ Antiseptic Cream</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sunscreen</li> </ul>

Category (ii) Medicines	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.	
I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.	

Category (iii) Medicines	
To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.	
Individual health plan completed and signed	: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	



Parent/Guardian Signature: _____	Date: ____ / ____ / ____
<b>20 Hours ECE Attestation: Only for 3 to 5 year olds</b>	
1. Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this service?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.</li> <li>▪ You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.</li> </ul>	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

<b>Dual Enrolment Declaration</b>
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at The Blue Cottage.
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

<b>How did you hear about us?</b>	
Please let us know how you found us	
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Social Media
<input type="checkbox"/> Location/Signage	<input type="checkbox"/> Internet search
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other



## Terms and Conditions

- **Policy Statement:** The Blue Cottage has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service. A full copy is available upon request.
- **Excursions:** I give permission for my child to take part in regular excursions as per The Blue Cottage **Excursion Policy**. I understand this includes spontaneous, short walks with the teacher/s in the local area but I will be required to give written permission for extended excursions or those involving travel by motor vehicle. All excursions will meet or better the ratios set out by the Education (Early Childhood Services) Regulations 2008.
- **Child Health:** I have read, understood and agree to abide by the **Child & Staff Health Policy**.
- **Fees:** In signing this, I agree to pay the fees as stated in the **Fees Policy**. The Blue Cottage is closed on all Statutory Holidays.
- **Arriving and Departing:** I agree that when dropping my child off at The Blue Cottage, I will park in designated area and will escort my child into the building and advise a teacher of my arrival before leaving my child in the centres custody. I will advise a teacher before taking my child from the centre. I will sign my child in on arrival and out on departure daily. I understand and accept that this is a condition of enrolment that children driven to and from The Blue Cottage must travel in a child's car seat or restraint in accordance with Traffic Regulations.
- **ICT:** I agree that as part of their learning environment, my child may be involved in the use of ICT.
- **Health Tests:** I give permission for my child to have vision, hearing and other tests by qualified professionals considered to be in the best interest of my child and that the results be discussed with the teacher if relevant.
- **Images:** I agree for my child's image and first name to be used for promotional material  

Newsletter	Yes/No	Printed materials	Yes/No	Website*	Yes/No	Facebook*	Yes/No
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I understand that these images will be available on the world wide web and will be viewed by visitors to the website
- **Planning/Assessment:** I give permission for my child to be photographed or videoed as part of The Blue Cottage's assessment, planning and evaluation.
- **Enrolment Rights:** I understand that acceptance of my child at The Blue Cottage is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective a the time of enrolment.
- **Privacy Statement:** We are collecting personal information on this enrolment form for the purpose of providing early education for your child. We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child. Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes. You can find more information about national student numbers at: [eli.education.govt.nz](http://eli.education.govt.nz)

## Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

On behalf of The Blue Cottage, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____	Date: ____ / ____ / ____
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